October 2015 DUR Board Meeting Minutes

Date: October 28, 2015

Members Present: Sather, Caldwell, Anglim, Nauts, McGrane, Harrison, Putsch, Burton, Bradley and Brown (phone).

Others Present: Dave Campana and Katie Hawkins from Medicaid; Woodmansey, Doppler, Barnhill, and Artis from Drug Case Management.

Lisa Sather opened the meeting.

Public Comment:
There was no public comment.

Meeting Minute Review:
Meeting minutes from September were reviewed and approved as written.

Department Update:
Dave Campana provided the following Department update:
Montana Medicaid's new point of sale electronic prescription system is being tested and prepared for implementation in early December.

Board Discussion

DUR Process Overview:
Lisa Sather outlined the historical development of the Federal and State government's development of this process through legislation and rules. She went on to share some specific details of the Montana Medicaid program, and how it meets the requirement laid out by those regulations.

New Criteria Development:
The Board discussed various criteria options for the following medications. The following final decisions were made:

1. **Luzu®**
   - Patient must be 18 years of age or older.
   - Clinical diagnosis of tinea pedis, tinea cruris, or tinea corporis. Diagnosis must be confirmed by KOH preparation or fungal culture.
   - Previous treatment failure on at least 2 topical creams (clotrimazole, econazole, miconazole, ketoconazole, naftifine, terbinafine, ciclopirox, etc.) AND oral terbinafine.
   - QL max 60 g. Additional prescription requires re-authorization on a case by case basis.

2. **Savaysa®**
   Approval for this category of agents is initially based on the Preferred Drug List. Patients must also have had a trial on, or a contraindication to Eliquis®.
   - **Non-Valvular Atrial Fibrillation:**
     1. Pt must have diagnosis of non-valvular A fib AND
     2. Have had an inadequate response to warfarin OR have a contraindication to warfarin OR if warfarin naïve, must have the presence of at least one additional risk factor for stroke (i.e. CHF, HTN, DM, previous stroke/TIA) AND
     3. Renal function assessment (CrCl) has been performed
     • Inability to provide monitoring for warfarin alone is not information enough to allow Eliquis® first line. Please refer to CM for clinical discussion if this is requested.

• Patients currently stable on warfarin are not appropriate candidates for switching unless criteria are met.
    - LIMITATIONS:
        - Max 60 mg once daily.
        - 30 mg once daily if CrCl 15-50 ml/min.
- **Treatment of DVT and PE:**
    - Allowed if patient has a contraindication to warfarin (will have already been anticoagulated with 5-10 days of a parenteral anticoagulant such as LMWH).
    - LIMITATIONS:
        - Max 60 mg once daily.
        - 30 mg once daily if CrCl 15-50 ml/min, body weight ≤60 kg, or concurrent P-gp use.

3. Movantik®

- Patient must be 18 years of age or older.
- Patient must have a diagnosis of opioid-induced constipation from non-cancer pain management and currently be taking a prescription for opioid containing medication.
- Patient must have had unsuccessful documented treatment with appropriate over the counter laxatives INCLUDING lactulose.
- Patient must not concurrently be taking a strong CYP3A4 inhibitor.
- Maximum daily dose of 1 tablet daily.

4. Belsomra®

- Patient must at least 18 years old
- Patient must have a diagnosis of insomnia with NO history of narcolepsy
- Patients cannot be concurrently taking opioids or benzodiazepines
- Patients should not have a history of substance use disorder (drug or alcohol), or a history of suicidal ideation.
- Patient must have had a documented trial on one preferred BZD (unless contraindicated) in the last 24 months.
- Patient must have a documented inadequate response or contraindication to all of the following: zolpidem, eszopiclone, zaleplon, ramelteon, trazodone, mirtazapine and doxepin within the last 24 months.
- Patients must sign an informed consent outlining potential adverse events associated with this medication.
- Only one sedative hypnotic at a time allowed class wide
- Initial 15 day supply.
- Maximum of 1 daily.

5. Kerydin®

- Must have a diagnosis of onychomycosis of toenails.
- Patient must be ≥18 y/o.
- Patient must have a documented major clinical complication secondary to onychomycosis. i.e. impaired functioning, secondary bacterial infection, etc. (not covered for cosmetic reasons).
- Patient must have a contraindication to oral terbinafine. (i.e. severe hepatic disease, previous adverse reaction to terbinafine)
- Max QL 4ml per month. Max treatment 48 weeks.

Existing Criteria Updates:

Discussion by the Board was held on changes for the following medications. Changes reflected FDA indications, doses, or current Medicaid or professional practice recommendations. The following criteria adjustments were adopted:

1. **Suboxone®**
   - The Board reviewed the current buprenorphine/naloxone and buprenorphine medication approval criteria. The criteria forms are in the process of being updated to more current language.
   - Currently approved maximum dosing of 24 mg of buprenorphine for initial therapy and reduction to 16 mg at 6 months of treatment will remain the same. Requests for approvals outside these parameters will be considered on a case-by-case basis with substantiating provider documentation.
   - Case management will continue to address the risk of concurrent benzodiazepine use with providers.
   - Requests for pregnant patients will require provider documentation of coordination of care with the patient's OB care provider, and furnish name and phone number on request.
   - Continued use of buprenorphine/naloxone will no longer be limited to a two year period. Continuation will be contingent on patient progress. Reduction to the lowest effective dose will be recommended.
2. **Synagis®**
   Synagis® (Palivuzimab), a covered product for Montana Medicaid and Healthy Montana Kids/CHIP, is subject to the same prior authorization criteria as last year. Reimbursement is only authorized during the Montana Respiratory Syncytial Virus (RSV) season from December 15, 2015 through April 30, 2016. **Epidemiology of RSV is monitored to adjust for seasonal variance.**

Due to time constraints, the board update on Embeda® criteria and the utilization report on ≥2 concurrent atypical antipsychotics will be moved to a future meeting.

The Board went into executive session to review sensitive case requests.

The next DUR meeting will be January 20, 2016 at Mountain Pacific Quality Health. The agenda will be posted on the Medicaid website.

Meeting adjourned at 4:30.